**C:\Documents and Settings\jennyb\My Documents\My Pictures\My Pictures\Microsoft Clip Organizer\j0412398.wmfAT HOME READING**

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| Student: | Week: |

Dear Parents:

Research shows that students who spend time reading at home perform well academically. To guide them in developing this life-long habit, your child will have regular homework in reading. Your child should read self-selected text for a minimum of 20 minutes at least four nights a week. Please complete this sheet and return each Friday. At-home reading will assist your child in gaining reading proficiency as well as providing an opportunity for you to be involved in the triangle of learning.

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| **Friday/Saturday/Sunday (counts as one of the four nights)**  ◊ Book ◊ Newspaper ◊ Magazine ◊ Other  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you enjoy the reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **C:\Documents and Settings\jennyb\My Documents\My Pictures\My Pictures\Mrs. B\attachments_2009_04_23\Microsoft Clip Organizer\j0309930.wmfMonday**  ◊ Book ◊ Newspaper ◊ Magazine ◊ Other  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you enjoy the reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Tuesday**  ◊ Book ◊ Newspaper ◊ Magazine ◊ Other  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you enjoy the reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Wednesday**  ◊ Book ◊ Newspaper ◊ Magazine ◊ Other  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you enjoy the reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Thursday**  ◊ Book ◊ Newspaper ◊ Magazine ◊ Other  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you enjoy the reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent Signature:  Please return every Friday (or the last school day of the week) |